



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

FRANK JASPER M. SAMPLE  
v.  
The Attorney General of the  
State of California

Civil No. OBCV1552 BEN(PCL)

REQUEST FOR APPOINTMENT OF  
COUNSEL UNDER THE CIVIL RIGHTS  
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);  
DECLARATION IN SUPPORT OF  
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- A. my claim is meritorious (that is, I have a good case), and
- B. I have made a reasonably diligent effort to obtain counsel, and
- C. I am unable to find an attorney willing to represent me on terms that I can

afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

Yes

~~X~~ No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE  
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B  
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"  
5 determination?

6 ☐ Yes ☒ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the  
8 Commission's determination? Be specific and support your objections with fact. Do not simply  
9 repeat the allegations made in your complaint; the court will review your complaint in considering this  
10 request for counsel.

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27  
28 (Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?

☐ Yes ☒ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:  
2  
3  
4  
5

6 6. Give any other information which supports your application for the court to appoint an  
7 attorney for you:  
8  
9  
10

11  
12 7. Give the name and address of each attorney who has represented you in the last 10 years  
13 for any purpose: *Public Defenders Office, Inc*  
14 *FRESNO CALIF.*  
15  
16  
17  
18

19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed  
21 below:

22 A. Employment

23 Are you employed now? ☐ yes ☒ no ☐ am self-employed

24 Name and address of employer:  
25  
26  
27  
28

1 If employed, how much do you earn per month? \_\_\_\_\_  
 2 If not employed, give month and year of last employment: JUNE or JULY 2001  
 3 How much did you earn per month in your last employment? \$410.00  
 4 If married, is your spouse employed? \_\_\_\_ yes \_\_\_\_ no  
 5 If "YES," how much does your spouse earn per month? \_\_\_\_\_  
 6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly  
 7 income? \_\_\_\_\_

8  
 9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other  
 12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity  
 13 payments or other sources? \_\_\_\_ yes \_\_\_\_ no

14 If "YES," give the amount received and identify the sources:

15	<u>\$ Received</u>	<u>Source</u>
16	<u>\$4506.00</u>	<u>BSR-GENERAL</u>
17	<u>LAST YEAR</u>	<u>P.O. Box 3337</u>
18		<u>37387 Auberry Mission Road</u>
19		<u>Auberry, CALIF. 93602</u>
20	<u>USA</u>	<u>559-855-4003</u>
21		<u>CASINO INCOME</u>
22		
23		
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28 (Attach additional sheets as necessary)

(ii) CashHave you any cash on hand or money in savings or checking accounts? \_\_\_ yes ☒ no

If "YES," state total amount: \_\_\_\_\_

(iii) PropertyDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? \_\_\_ yes ☒ no

If "YES," give value and describe it:

ValueDescriptionC. Obligations and Debts(i) DependentsYour marital state is: ☒ single \_\_\_ married \_\_\_ widowed, separated or divorced.

Your total number of dependents is : \_\_\_\_\_

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/RelationshipMonthly Support Payment

State of Calif.

Restitution

\$545.50

last check

55% of every check

I get

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: _____		
Mortgage		
on Home: _____		

Others: *Restitution - F06901290 fine*  
*AMOUNT \$ 5,000.00*  
*I still owe \$1,999.50 up to date.*

9.

Signature*Frank G. Sample*

I declare under penalty of perjury that the above is true and correct.

Dated:

*Sep 1, 2008*Signature*Frank G. Sample*

(Notarization is not required)